



Bureau of Automotive Repair

Inspection and Maintenance—Fleets

10240 Systems Parkway

Sacramento, CA 95827

916.255.1336 Telephone

916.255.1385 Fax

www.smogcheck.ca.gov



## GOVERNMENT FLEET SMOG CHECK PROGRAM LETTER OF RESPONSE

The California Smog Check Program affects governmental agencies that own and/or operate vehicle(s) that are subject to program requirements. The law requires that every vehicle affected by program requirements be smog tested in accordance with an established schedule and the results reported to the Bureau of Automotive Repair. Every government agency shall assign an employee, of management level, as Responsible Managing Employee (RME) to oversee the performance of the agency's vehicle smog testing activities. A new Letter of Response should be submitted to the Bureau for any changes in vehicle inventory, RME, phone numbers, address change or status of vehicle ownership.

PLEASE COMPLETE AND RETURN THIS FORM TO THE BUREAU OF AUTOMOTIVE REPAIR

Agency: \_\_\_\_\_

BAR File Number: \_\_\_\_\_

Department: \_\_\_\_\_

Division: \_\_\_\_\_

Unit: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

RME: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### BAR USE ONLY

Date Received: \_\_\_\_\_

Date Entered: \_\_\_\_\_

Entered by: \_\_\_\_\_

Comments: \_\_\_\_\_

- ☐ This agency owns and/or operates vehicles affected by the Smog Check Program. The smog inspections will be performed as follows:

- ☐ Within our agency's approved maintenance facility. (BAR-97 equipment required).
- ☐ Contracted out to a licensed Smog Check station.
- ☐ Contracted out to another governmental agency with an approved maintenance facility.

- ☐ This agency does not currently own any vehicles affected by the Smog Check Program. This agency will promptly notify the Bureau of Automotive Repair upon acquisition of any affected vehicle(s).

This agency will submit the required annual vehicle reporting transmittal (Form 79-21) in accordance with the following schedule (check one):

- ☐ **Odd/Even VIN Vehicles:** Odd VIN vehicles tested in odd years. Even VIN vehicles tested in even years.
- ☐ **Annual Option:** Both Odd and Even VIN vehicles tested every year.

Enter the Total Number of Passenger Cars, Light and Heavy Duty Vehicles Owned by Your Agency that are Model Year 1976 and Newer Which are Powered By Gasoline or Alternate Fuels: \_\_\_\_\_

Do Not Include Diesel, Electric, Hybrid or Vehicles Model Year 1975 and Older.

I declare that I have read and understand the above information and the statements I have made are true and correct.

Signature of RME \_\_\_\_\_ Date \_\_\_\_\_

# INSTRUCTIONS

(Please Type or Print Clearly)

This document is also available, and interactive on our WEB Site:

**[www.smogcheck.ca.gov/](http://www.smogcheck.ca.gov/)**

- BAR FILE NUMBER:** Enter the "G" file number issued to your agency by the BAR. EXAMPLE: GA970000, GB910000, GF950000
- AGENCY:** Enter your agency's administrative name (i.e., state of, county of, city of, etc. for local government. For federal agencies enter the departmental level, i.e., Department of Commerce, Department of Justice, General Services Administration, etc.)
- DEPARTMENT:** Enter your agency's department name (i.e., police department, fire department, motor pool, general services, transportation, equipment, etc. for local government. For federal agencies enter department level, i.e., Bureau of Reclamation, Department of Air Force, National Park Service, etc.)
- DIVISION:** Enter the division name of your department, if applicable (i.e., water resources division, Los Angeles division, Port Mugu naval station, maintenance division, etc.)
- UNIT:** Enter the unit designation name of your department's division, if applicable (i.e., shop # 4, southern area branch office, heavy equipment center, etc.)
- BUSINESS ADDRESS:** Enter your agency's business address. Do not list a post office box for the address.
- RME:** Enter the name of the person designated as the agency's RME (Responsible Managing Employee)
- TELEPHONE:** Enter the telephone number for the RME.
- MAILING ADDRESS:** Enter the mailing address if this is a different address from your agency's business address.
- AFFECTED VEHICLES:** **Definition change:** Effective January, 2005, an "**Affected Vehicle**" is any passenger car, light and heavy duty vehicle, 1976 and newer powered by gasoline, and alternate fuels. Diesel powered vehicles and Electric vehicles are **EXEMPT** from the Smog Check Program.
- EXEMPT VEHICLES:** Effective 2005 the 1975 model year and older vehicles are out-of-the program. Vehicles six (6) model year old and newer are exempt from testing. Do **NOT** include vehicles that are model year 1975 and older in Your Agency's Count of Affected Vehicles.
- Hybrid gas/electric vehicles are exempt from inspection until January 1, 2010.
- Heavy duty vehicles over 14,000 lbs GVWR, powered by CNG, LNG and LPG are also **EXEMPT** from the Smog Check Program. Do **NOT** include these vehicles in your agency's affected vehicle count.

If your agency owns or operates vehicles affected by the Smog Check Program, check the appropriate box to indicate vehicle ownership/usage, then select the method your agency will use to obtain the required emissions test. Indicate the total number of affected vehicles owned or operated by your agency and the schedule by which the vehicles will receive the emissions test.

If your agency does not own or operate any vehicles affected by the Smog Check Program, check the appropriate box to indicate no vehicle ownership/usage by your agency.

Check the appropriate box to indicate the schedule (Odd/Even or Annual Option) your agency will use to report smog testing of affected vehicles.

Sign and date the form, and return to the Bureau of Automotive Repair, Fleet Operations at the address on the front of the form.